

Notice of Intent to Apply for Coverage Under MS4 General Permit

Form 3400-191 (R 3/06)

Page 1

Notice: This application is authorized by s. 283.37, Wis. Stats., and chs. NR 151 and 216, Wis. Adm. Code. Personally identifiable information on this form may be used for other program purposes and may be made available to requestors under Wisconsin's Public Records laws and be posted on the Department's internet site.

Instructions: Complete the following for all permit applications. If additional space is needed to respond to a question, attach additional pages. Provide descriptions below that explain the program activities that you expect to develop and implement to comply with the Municipal Separate Storm Sewer System (MS4) general permit (<http://dnr.wi.gov/org/water/wm/nps/stormwater/muni.htm>). Section 3 of the MS4 general permit contains the compliance schedules that direct when the individual program activities need to be developed and submitted to the Department for review. The detailed programs that are developed and submitted to the Department for review may deviate from the program activities described below if necessary. The descriptions provided below are necessary for the Department to verify that the municipality's program activities comply with the permit.

Section I: Applicant Information

Name of Municipality

Village of Oliver

Mailing Address

2931 S. Winona Ave.

City

Superior

State

WI

Postal Code

54880

County(s) in which Applicant is located

Douglas

Type of Municipality: (check one)

☐ County

☐ City

☒ Village

☐ Town

☐ Other (specify)

Section II: Local Contact Information (check one)

Name of Municipal Contact Person

Jerry Ruzic

Title

Village President

Mailing Address

2931 S. Winona Ave.

City

Superior

State

WI

Postal Code

54880

E-mail address

Telephone Number (include area code)

715-394-3426

Fax Number (include area code)

715-398-7284

Section III: Water Quality Concerns

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does any part of the MS4 discharge to an outstanding resource water (ORW) or exceptional resource water (ERW) listed under s. NR 102.10 or 102.11, Wis. Adm. Code? (An unofficial list of ORWs and ERWs may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does any part of the MS4 discharge to an impaired waterbody listed in accordance with section 303(d)(1) of the federal Clean Water Act, 33 USC § 1313(d)(1)(C)? (A list of Wisconsin impaired waterbodies may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/303d/303d.html)

Section IV: Area and Population Within the MS4

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the MS4 within an "Urbanized Area" as defined by U.S. EPA? (See http://www.epa.gov/npdes/pubs/fact2-2.pdf)

If no, skip the rest of this section and continue to Section V. If yes, estimate the area served by and the population within the MS4 in an Urbanized Area (UA).

(Urbanized Area maps are available on the EPA web site at: <http://cfpub1.epa.gov/npdes/stormwater/urbanmaps.cfm>)

Total municipal area (in square miles):	Total municipal population (in year 2000):
1.5	386
MS4 service area within Urbanized Area (in square miles):	Municipal population within Urbanized Area (in year 2000):
1.5	386

Section V: Potential Permit Exemption

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Section NR 216.023, Wis. Adm. Code, allows certain MS4s that have less than 1000 people residing in an urbanized area to be waived from having to obtain municipal storm water permit coverage.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you believe that the MS4 may be eligible for this potential exemption?

Section VI: Summary of Municipal Storm Water Program Activities

Describe the programs or activities the municipality is doing or will do to comply with the requirements of the MS4 general permit. Attach additional pages if necessary.

A. Public Education and Outreach

Describe the public education and outreach program activities that the municipality will implement to comply with section 2.1 of the MS4 general permit.

The Village of Oliver will consider joining the Regional Storm Water Protection Team (RSPT) for compliance assistance.

B. Public Involvement and Participation

Describe the public involvement and participation program activities that the municipality will promote to comply with section 2.2 of the MS4 general permit.

The Village of Oliver will consider joining the Regional Storm Water Protection Team (RSPT) for compliance assistance.

C. Illicit Discharge Detection & Elimination

Describe the illicit discharge detection and elimination program authority and activities that the municipality will develop and implement to comply with section 2.3 of the MS4 general permit.

The Village of Oliver will develop an illicit Discharge Detection and Elimination Ordinance. The RSPT may be consulted for assistance.

D. Construction Site Pollution Control

Describe the construction site pollutant control program authority and activities that the municipality will develop and implement to comply with section 2.4 of the MS4 general permit.

The Village of Oliver will develop a Construction Site Erosion Control Ordinance.

E. Post-Construction Site Storm Water Management

Describe the post-construction storm water management program authority and activities that the municipality will develop and implement to comply with section 2.5 of the MS4 general permit.

The Village of Oliver will develop a post-construction storm water management ordinance.

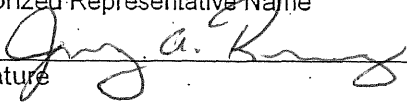
F. Pollution Prevention

Describe the pollution prevention program activities that the municipality will implement to comply with section 2.6 of the MS4 general permit. The Village of Oliver's system consists of grass ditches.

They will inspect and maintain the ditches and develop a pollution prevention program.

Section VII: Certification

I hereby certify that I am an authorized representative of the municipality that is the subject of this application for general permit coverage, and that the information provided is true and complete, to the best of my knowledge. I understand that Wisconsin law provides severe penalties for submitting false information.

Authorized Representative Name 	Title President
Signature	Date Signed 5-30-06
E-mail address	Telephone Number (include area code) 715-392-1539
	Fax Number (include area code) 398-7284

Return this completed form to:

Wisconsin Department of Natural Resources
Storm Water Program - WT/2
PO Box 7921
Madison, WI 53707-7921